1. Case No.	2. Investigator's ID	3. Office Code	EPIDEMIOLOGIC
070511HEP5761	5550	591	
4. Date of Accident (Y M D)	5. Date Investigation Initiated (Y M	(D)	INVESTIGATION
07/04/27	07/05/23		INVESTIGATION
6: Synopsis of Accident or Compl	aint		REPORT

THE 37 YEAR OLD MALE VICTIM CUT HIS RIGHT HAND WHILE TRYING TO CHANGE THE BLADE ON HIS TABLE SAW WITH A WRENCH. HE WAS TAKEN TO THE EMERGENCY DEPARTMENT, WHERE HE WAS TREATED AND RELEASED.

7. Locations (Home, School, etc.)	87Gity	9. State	
1	SEATTLE	WA	
10. First Product	111. Trade/Brand Name	Manufacturer Address	
841		UNKNOWN	
Second Product	Trade/Brand Name	Manufacturer Address	
0857	UNKNOWN	UNKNOWN	
12. Age of Victim	13. Sex (1≡M, 2=F, 3≡Unk)	14. Disposition	15. Injury Diagnosis
37	1	1	59
16. Body Part	17. Respondent(s) (Mother, , . Friend)	18. Type:Investigation (1=Onsite, 2 = Phone, 3 = Other)	19. Time Spent
82	1 VICTIM	2	.50
20. Attachments	21: Case Source	22. Reviewed By:	Date (Y M D)
05 QUESTIONNAIRE	03		
23. Narrative (More detail may b	e included on separate pages)		

CPSC FORM NO. 182 (Revised 10/1985)

Approved for Use Thru 1/31/2010 OMB No. 3041-0029

CPSA 6(bV1) CLEARED for PUBLIC

NO MERS/PRVTLBLRS OR 18 6 16 1

EXCEPTED BY: PETITION BULEMAKING ADMIN. PRCDG

___ WITH PORTIONS REMOVED: ____

Q.1	Do	not	read	to	res	pondent	

Interviewer Instructions:

- 1. Before contacting the respondent, please review the NEISS emergency room information on the assignment cover sheet. Questions 2, 3, and 4 will require you to enter some of this information before you begin the interview.
- 2. If the victim is age 17 or younger, interview the parent of victim, or ask the parent to listen to the interview on the extension phone while you interview victim. The respondent should be the victim if (s)he is 18 or older.
- 3. The boldfaced text contains instructions to you and should not be read to the respondent!
- Q.2 Please enter the TASK NUMBER.

070511HEP5761

Q.3 Please select the Product Code on record for the saw associated with this incident.

Table or Bench saw (0841)

Q.4 Does the NEISS record indicate injury to a finger or hand (body part codes: finger = 92, hand = 82)?

Yes

Q.5 INTRODUCTION:

Hello. May I speak with ______? (Ask for victim by name or parent or guardian of victim under age 18.)

person is available

Q.7 Hello. I'm ______. I am working with the U.S. Consumer Product Safety Commission. In cooperation with (hospital name), we're doing a study of saw injuries. We are interested in learning more about these incidents, so we can find ways to help prevent similar

incidents. The information is confidential, and for statistical purposes only. Will you help us?

Q.10 Interviewer: Indicate below who the respondent is.

Victim/ injured person

Q.13 Was the saw involved in the incident powered or not powered (manual)?

Powered

Q.15 Was the saw a handheld model?

No

Q.16 According to our record the saw involved was a [ANSWER TO Q. 3], is this correct?

Yes (correct)

Q.21 Please describe how the injury happened and what the injuries were. That is, what were you (was the operator) doing just *before*, *during*, and *after* the injury occurred? Please start with what was going on just *before* the injury occurred.

Interviewer: continue on paper if necessary.

"THE SAW BLADE WAS DULL, I HAD JUST CUT A BOARD WITH IT. I WAS GOING TO CHANGE THE BLADE TO A NEW ONE. I TURNED IT OFF AND UNPLUGGED IT. I GOT OUT THE WRENCHES TO REMOVE THE BOLTS. I WAS PUTTING A LOT OF PRESSURE ON THE WRENCH BECAUSE THE BLADE SEEMED TO BE RUSTED. I BENT THE WRENCH THAT CAME WITH THE SAW AND GOT REGULAR CRESENT WRENCHES, SO I TRIED WITH THEM AND IT STILL WOULDN'T BUDGE SO I REFERRED TO THE MANUAL AND FOUND OUT THAT I WAS TRYING IN THE WRONG DIRECTION. I TRIED AGAIN TO LOOSEN THE BOLTS AND OF COURSE WAS USING A LOT OF PRESSURE. WHEN THE BLADE LET LOOSE, I HIT MY HAND HIT THE COVER FOR THE MOTOR NOT THE BLADE. I SEVERED THE EXTENSOR TENDON ON MY RIGHT MIDDLE FINGER. I WENT TO THE EMERGENCY ROOM WHICH WAS ABOUT 10 MINUTES FROM MY HOME AND THEY STITCHED IT UP, THEY DIDN'T KNOW THAT THE TENDON WAS INVOLVED. I KNEW THAT SOMETHING WAS WRONG AND I WENT TO A SPECIALIST AND I HAD TO HAVE SURGERY TO REPAIR THE TENDON."

- Q.22 **INTERVIEWER READ THE FOLLOWING**: In addition to writing down exactly what you told me about how the injury happened, I need to ask you some questions that may seem like I'm asking you to repeat yourself. Please bear with me. We want to be sure we completely understand everything about how the injury happened.
- Q.23 Was the motor running at the time of the injury? (Determine if the saw had just been turned "on" or "off")

Motor was just turned "off"

Q.25	How long before the injury was the motor turned "off"? (specify min/hrs)
	5 MIN
Q.26	Does the blade have a safety switch such as a key lock that must be activated, in addition to a starter switch, before the saw can be turned on?
	Yes
Q.27	Is the safety switch removable or stationary?
	Removable
Q.28	Is the blade of the saw direct drive (blade mounted directly onto the motor output shaft) or indirect drive (belt or gear driven)?
	Direct Drive (blade mounted directly onto the motor output shaft)
Q.30	At the time of the injury, were you using the saw, repairing/maintaining the saw, or were you no using the saw?
	Repairing/maintaining the saw
Q.14	2 Do you know the brand name (manufacturer), model name/number, and/or horsepower of the saw?
	Yes, if any are known
Q.14	3 Enter manufacturer, leave blank if unknown.
Q.14	4 Enter model #, leave blank if unknown.

Q.145	Enter horsepower, leave blank if unknown.
Q.146	Had the saw been changed or modified in any way since you got it?
Q.152	Are you right-handed, left-handed, or do you use both hands interchangeably?
Q.154	Is the operator right-handed, left-handed, or does the operator use both hands interchangeably?
Q.156	Please describe the position of your (operator's) left and right hands with respect to the saw and the stock, just before the injury and right at the time of the injury. Interviewer: (1) Be specific about which saw parts were held or in contact with the hand. (2) Indicate how stock was fed into the saw. (3) Specify if operator was reaching. (4) Specify whether operator was holding stock firmly or loosely.
Q.157	Were you wearing eyeglasses, safety goggles, gloves, or any other special clothing at the time of the injury? (Select as many as applicable)
Q.160	Was the operator wearing eyeglasses, safety goggles, gloves, or any other special clothing at the time of the injury? (Select as many as applicable)
Q.164	During the last year, what type of cutting have you (the operator) performed most frequently with the saw?
Q.166	Do you (operator) have an owner's manual for the saw involved in the injury?

Q.167 Do you remember any warnings or safety precautions about the operations of the saw that were printed in the owner's manual?
Q.169 Do you remember seeing any warnings or safety precautions about the operation of the saw that were printed on a label on the saw?
Q.172 Will you tell me your height and/or weight?
Q.176 Do you know the operator's height and/or weight?
Q.179 Was the saw already assembled before purchase or did you (operator) have to assemble it after purchase?
Q.181 Were you (the operator) ill or under any medication, drugs, or alcohol at the time of the injury?
Q.183 In your opinion, what caused the injury incident?
Q.184 In your opinion, were there any environmental factors such as slippery floor/debris on the floor, debris on the work surface, poor lighting, extreme temperature, or loose clothing that may have contributed to the injury incident?
Q.185 If I have missed anything or we need additional information, may I call you back?
Q.187 End interview by saying: Thank you very much for your time. Your answers to these questions will be used in our efforts to prevent other such injuries.

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Q.188 Interviewer: Enter today's date (month/day/year).

MAY 23, 2007

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070511HEP5761	5550		591	
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6. Synopsis of Accident or Compla	int 🔻 🔻	100 AP 477 0 200		
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SEATTLE	. 111		9. State	
	į ti		WA_	
11. Trade/Brand Nam	e 🔻		Manufacturer Address	
		· .	UNKNOWN	
Trade/Brand Name	15		Manufacturer Address	
UNKNOWN			UNKNOWN	
13. Sex (1=M, 2=F, 3=	Unk	熱談	14. Disposition	15. Injury Diagnosis
1			1	59
17. Respondent(s). (M Friend)	other			19. Tinje Spent
1 VICTIM			2	.50
21. Case Source			22. Reviewed By:	Date (Y.M.D)
03	!!			
1 1 1 2 0	Erade/Braud Name UNKNOWN 13. Sex (1=M, 2=F, 3= 1. 17. Respondent(s) (M Eriend) 1 VICTIM 21. Case Source	Irade/Braud Name UNKNOWN 13. Sex (1=M, 2=F, 3=Un); 17. Respondent(s): (Mother Friend); 1 VICTIM 21. Case Source	Frade/Brand Name	UNKNOWN Frade/Brand Name UNKNOWN UNKNOWN UNKNOWN I. UNKNOWN I. UNKNOWN I. I. Disposition I. I. Type Investigation (1=Onsite, 2=Feind) VICTIM VICTIM Z. Z. Reviewed By:

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177	/PKVI	KH I	MILLI	-1-11

COMMENTS: YES TOO __OVERRULED: __ATTACHED

_EXCISIONS/FOIA EXS

10/10 / C 8 GC RE-NOTIFY

CPSA 6(b)(1) CLEARED for PUBLIC

NO MFRS/PRVTLBLRS OR

PRODUCTS IDENTIFIED

EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG

__WITH PORTIONS REMOVED: _